

Membership Application for Appointment to the Federal Advisory Committee on Juvenile Justice (FACJJ)

First Name: Last Name:				
Tit	le:			
Ag	ency/Organization:			
Ma	Mailing Address:			
Em	nail Address:			
Day Phone: Mobile Phone:				
SAG Member Term of Office:toto				
Are you eligible to be reappointed to the SAG? \square Yes \square No				
Have you previously served on the FACJJ? \square Yes \square No				
If so, state the date(s) of service on FACJJ:				
Are	e you a federally registered lobbyist? \square Yes \square No			
Check all applicable boxes:				
	Local government elected official Juvenile justice agency administrator or law enforcement and juvenile justice agency representative, including: Law enforcement/school resource officer Juvenile/family court judge Prosecutor Juvenile defender Other counsel for children/youth Probation worker			
	Public agency representative, including those concerned with delinquency prevention or treatment, such as: Welfare/Social services Mental health			

	Education and/or special education		
	Recreation		
	Youth services		
Nonprofit agency representative, including those with special focus on:			
	Preserving/strengthening families		
	Parent groups and parent self-help groups		
	Youth development		
	Delinquency prevention and treatment		
	Neglected or dependent children		
	Juvenile justice		
	Education		
	Social services for children		
Volunteer who works with delinquents or potential delinquents			
Yo	uth worker in programs that are alternatives to incarceration		
Expert on school violence, vandalism, and/or alternatives to suspension and expulsion			
Member of a tribe			
	st appointed at age 24 or younger		
	or has been under juvenile justice system jurisdiction		
	her, specify:		
 nati	ure Date		

Email the FACJJ application, Certification of No Conflict and Non-Disclosure and a copy of your resume to Maegen Currie at Maegen.Currie@usdoj.gov by the application deadline of April 1, 2022.